## **Assistance Award/Amendment**

## U.S. Department of Housing and Urban Development

Office of Administration

1. Assistance Instrument		2. Type of Action	
Cooperative Agreement Grant		Award Amendment	
3. Instrument Number	4. Amendment Number	5. Effective Date of this Action	6. Control Number
FF204K134021	1		
7. Name and Address of Recipient City of Durham Human Relations Commission 101 City Hall Plaza Durham, NC 27701 Tax ID: 56-6000225		8. HUD Administering Office U. S. Department of HUD/FHEO Five Points Plaza, 16 <sup>th</sup> Floor 40 Marietta Street Atlanta, GA 30303-2806	
		8a. Name of Administrator	8b. Telephone Number
		Carlos Osegueda	678-732-2905
10. Recipient Project Manager		9. HUD Government Technical Representative	
Constance Stancil, Director, NIS, Human Relations Division		Vicki A. Ray, GTR	
11. Assistance Arrangement Cost Reimbursement Cost Sharing Fixed Price	12.Payment Method Treasury Check Reimbursement Advance Check Automated Clearinghouse	13. HUD Payment Office HUD CFO Accounting Center P. O. Box 901013 Fort Worth, TX 76101	
14. Assistance Amount		15.HUD Accounting and Appropriation Data	
Previous HUD Amount	\$76,160.00	15a. Appropriation Number	15b. Reservation number
HUD Amount this action	\$96,720.00	8613/140144 (TIN)(G,13)	FHEO-04-14-01
Total HUD Amount Recipient Amount	\$172,880.00 \$0	Amount Previously Obligated Obligation by this action	\$76,160.00 \$96,720.00
Total Instrument Amount	\$172,880.00	Total Obligation	\$172,880.00

<sup>16.</sup> Description

The Cooperative Agreement for Fair Housing Assistance Program (FHAP) – Amended to allocate FY 2013 FHAP Partnership Funds. This agreement incorporates all previously issued subparts. Funds are designated as follows:

FHAP PARTNERSHIP FUNDS - \$95,020.00 PARTNER(S): Durham Urban Innovation Center

FHAP PARTNERSHIP FUNDS - \$1,700.00 PARTNER(S): National Center for Lesbian Rights

TOTAL CONTRACT AMOUNT - \$172,880.00

PERIOD OF PERFORMANCE: March 1, 2014 through March 31, 2015

EXPIRATION DATE: September 30, 2019

17. Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office		18. Recipient is not required to sign this document.	
19. Recipient (By Name)		20. HUD (By Name)	
City of Durham Human Relations Division		Office of Fair Housing and Equal Opportunity	
	Date (mm/dd/yyyy)	Signature & Title	Date (mm/dd/yyyy)
Signature & Title			
		Carlos Osegueda, FHEO Region IV Director	